NAME OF CHILD	BIRTHDATE	ENROLLED Indicate By Check Mark (✓)	WITHDRAWN Indicate By Check Mark (✓)	VERIFICATION OF BIRTHDATE COMPLETED Indicate by Check Mark (✓)	PARENTS PERMISSION FORM SIGNED Indicate by Check Mark (✓)

## PLEASE SUBMIT THIS FORM TO:

MS 02 Division of Family and Children 402 West Washington Street, Room 386 Indianapolis, 1N 46204-2739

Date form completed (month, day, year)	 
Signature of person completing the form	